Zambia

Country profile

For Demographic and Health Surveys, the years refer to when the Surveys were conducted. Estimates from the Surveys refer to three or five years before the Surveys.

Zambia and the world

1. Maternal mortality ratio: global, regional and country data, 2005

A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The maternal mortality ratio is the number of maternal deaths per 100,000 live births per year. The ratio in Zambia is 830 per 100,000 live births, slightly lower than the average of 900 per 100,000 live births in sub-Saharan Africa but higher than the global average of 400 per 100,000 live births.

![Maternal mortality ratio graph](image)

2. Lifetime risk of maternal death (1 in N), 2005

The lifetime risk of maternal death is the estimated risk of an individual woman dying from pregnancy or childbirth during her adult lifetime based on maternal mortality and the fertility rate in the country. The lifetime risk of dying from pregnancy-related causes in Zambia is 1 in 27, which is lower than the average of 1 in 22 in sub-Saharan Africa but higher than the global figure of 1 in 92.

![Lifetime risk of maternal death graph](image)

Demographic and health data

3. Total population (in thousands)¹

<table>
<thead>
<tr>
<th>Country</th>
<th>Population (in thousands)</th>
</tr>
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<tbody>
<tr>
<td>Zambia</td>
<td>11,696</td>
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A maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy from any cause related to the pregnancy or its management but not from accidental or incidental causes. The most frequent causes of maternal deaths in Africa (for 1997–2002) were haemorrhage (uncontrolled bleeding), sepsis or infections including HIV, hypertensive disorders (high blood pressure) and other causes. There are no country-specific data for Zambia.

![Causes of maternal deaths image](image)

5. Total fertility

The total fertility is the average number of children that would be born to a woman over her lifetime. The total fertility rate can be separated into the births that were planned (wanted total fertility rate) and those that were unintended (unwanted total fertility rate). According to a survey conducted in 2001–2002, the total fertility rate was 5.9 per woman in Zambia.

![Total fertility rate graph](image)
6. Proportions of births by urban versus rural location
Among the women interviewed in a survey conducted in 2001–2002, about 69% of births occurred in rural areas.\(^1\)

The number of births (in thousands): 468 (2005)\(^2\)

![Pie chart showing proportions of births by urban versus rural location]


7. Perinatal mortality rate, 2005
Perinatal mortality refers to deaths of fetuses in womb and newborn babies early after delivery. It includes (1) death of a fetus in the womb after 22 weeks of gestation and during childbirth, and (2) death of a live-born child within the first seven days of life. These deaths are considered a reflection of the availability and quality of both maternal and newborn health care. There are no country-specific data for Zambia.

8. Adolescent pregnancy rate by age for girls 15–19 years old
Adolescent pregnancy is pregnancy in an adolescent girl (girls 10–19 years old). The adolescent pregnancy rate indicates the proportion of adolescent girls who become pregnant among all girls in the same age group in a given year. According to a survey conducted in 2001–2002, the adolescent pregnancy rate differed by age, with the highest rate among girls aged 17 years.

![Graph showing adolescent pregnancy rate by age for girls 15–19 years old]


9. Adolescent pregnancy rate by urban versus rural location
In Zambia, according to a survey conducted in 2001–2002, about 6% of women aged 15–19 years were currently pregnant with their first child: 6.6% in rural areas and 4.5% in urban areas.

![Graph showing adolescent pregnancy rate by urban versus rural location]


10. Adolescent pregnancy by subregion
Adolescent pregnancy rates vary between different parts of Zambia. A survey conducted in 2001–2002 showed that the Western subregion had the highest rate (11%) and the Eastern subregion the lowest (3%). Adolescent pregnancy rates can vary for many reasons including cultural norms, socioeconomic deprivation, education, access to sexual health information and contraceptive services and supplies.

![Graph showing adolescent pregnancy rate by subregion]


11. Unmet need for family planning, 2001–02 27%

The unmet need for family planning is the proportion of all women who are at risk of pregnancy and who want to space or limit their childbearing but are not using contraceptives.


12. Family planning: modern contraceptive use by age group

Modern contraceptive methods include oral and injectable hormones, intrauterine devices, diaphragms, hormonal implants, female and male sterilization, spermicides and condoms. In general, surveys conducted in 1992, 1996 and 2001–2002 showed that contraceptive use increased across all age groups over time.


13. Contraceptive use by urban versus rural location

In Zambia, a survey conducted in 2001–2002 reported that 25% of currently married women were using modern contraceptive methods: 41% in urban areas and 17% in rural areas.


14. Contraceptive use by subregion

The prevalence of contraceptive use varies in different subregions of Zambia. A survey conducted in 2001–2002 showed that the use of modern contraceptives ranged from 42% in the capital city of Lusaka to 12% in the Western subregion.


15. Antenatal care

Antenatal care visits (ANC) include all visits made by pregnant women for reasons relating to pregnancy. According to a survey conducted in 2001–2002, about 93% of women received ANC for their latest pregnancy that ended in a live birth. Of the pregnancies that ended in a live birth, about 93% were given ANC by a skilled provider at least once.


16. Utilization of skilled birth attendants

A skilled birth attendant is an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period and in the identification, management and referral of complications among women and newborns. All women should have access to skilled care during pregnancy and at delivery to ensure that complications are detected and managed. A survey in 2001–2002 showed that 43% of childbirths were assisted by a skilled birth attendant: 79% in urban areas and 28% in rural areas.

17. Utilization of skilled birth attendants by wealth quintile

Whether a woman delivers with the assistance of a skilled attendant is highly influenced by how rich she is. There are no country-specific data for Zambia.

18. Utilization of skilled birth attendants by subregion

The percentage of women giving birth with the assistance of a skilled attendant varies by subregional location within Zambia. According to a survey conducted in 2001–2002, Lusaka had the highest rate (75%).

19. Place of delivery

Delivery in a health facility can reduce maternal and neonatal death and morbidity. According to a survey conducted in 2001–2002, 56% of pregnant women in Zambia delivered at home, with the associated risks, and only 44% in a health facility.

20. Caesarean section rates by urban versus rural location

Caesarean section is a surgical procedure in which incisions are made through a woman’s abdomen and womb to deliver her baby. It is performed whenever abnormal conditions complicate vaginal delivery, threatening the life and health of the mother and/or the baby. According to a survey conducted in 2001–2002, 2% of births were delivered by caesarean section in Zambia: 1% in rural areas and 4% in urban areas. The very low caesarean section rates, especially in rural areas, could indicate an unmet need for access to adequate health system infrastructure, which needs to be met if maternal deaths are to be reduced.

21. Caesarean section by subregion

Caesarean section rates also vary between subregions in Zambia. According to a survey conducted in 2001–2002, caesarean section rates ranged from 4.7% in Lusaka to 0.6% in Luapula.

22. Low birth weight

Babies weighing less than 2500 g at birth are considered to have low birth weight. According to a survey conducted in 2001–2002, of the babies who were weighed at birth, 4.6% were reported to weigh less than 2500 g (2.5 kg). Low-birth-weight babies often face severe short- and long-term health consequences and tend to have higher mortality and morbidity.
23. Anaemia in pregnancy

Anaemia refers to abnormally low levels of haemoglobin (iron-containing oxygen proteins) in the blood. Severe anaemia is an important contributing factor to maternal deaths due to haemorrhage during childbirth. There are no country-specific data for Zambia.

24. Prevention of mother-to-child transmission of HIV

The percentage of pregnant mothers living with HIV receiving antiretroviral drugs (ARVs) to prevent the transmission of HIV to their child (PMTCT) increased from 18% in 2004 to 35% in 2006.

25. Equity – gap in coverage of four major interventions by wealth quintile %

This graph illustrates the gap in coverage of four key interventions (family planning, maternal and newborn care, immunization and treatment of childhood illness) by wealth. The coverage gap reflects the difference between the goal of universal coverage of everyone in these four intervention areas and actual coverage. Where the gap is larger, it means that there is less adequate coverage. The opposite indicates better coverage. The graph indicates that, in the Demographic and Health Surveys (DHS) conducted in 1996 and 2001 and the Multiple Indicator Cluster Survey (MICS) conducted in 1999, the coverage gap is highest for the poorest and is lowest for the richer members of society (wealthiest quintile). Overall, the gap in the survey conducted in 2001 (33%) was lower (that is, improved coverage) than in the 1999 survey (51%). Achieving equity requires improving coverage levels in the poorest quintiles.

26. Reproductive health

Maternal health

Yes

27. Financial flow

(per capita expenditure on health, in US dollars) 2007 63

28. Human resources

The work of at least 23 health workers (doctors, nurses or midwives) per 10 000 population is estimated to be necessary to support the delivery of the basic interventions required to achieve the Millennium Development Goals related to health. Globally, 57 countries have been identified with critical shortages below this minimum. These countries have a severe crisis in human resources for health. Of these 57 countries, 36 are in sub-Saharan Africa. Zambia, with about 21 health workers (as defined above) per 10 000 population, is one of the countries facing this crisis daily, with mothers and children lacking access to proper maternal and child care, HIV/TB and malaria care and sexual and reproductive health information and services, including skilled birth attendants.

The shortage is exacerbated by staff losses due to migration (in search of a better life) of skilled staff to high-income countries, leaving behind already impoverished health services and systems.

Increasing the human resources around the world and establishing a balance between the services needed and the personnel available, and their distribution, are key elements of a well-functioning health system and critical requirements for achieving Millennium Development Goals.
29. Ratification of treaties and support of international consensus

- Convention on the Elimination of All Forms of Discrimination against Women: Yes
- Convention on the Rights of the Child: Yes
- International Covenant on Economic, Social and Cultural Rights: Yes
- International Conference on Population and Development: Yes
- Fourth World Conference on Women: Yes

Sources:

30. Other determinants of health: water, sanitation, communication and road networks

- Fixed-line and mobile phone subscribers (per 100 population): 15 (2006)
- Internet users (per 100 population): 4.3 (2006)
- Roads paved (% of total roads): Unknown
- Improved water source (% of population with access): 58 (2006)
- Improved sanitation facilities (% of urban population with access): 55 (2006)


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